

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36194 (1)**  
1. Corporation Name  
**LA VUE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business <b>3101 EMERALD POINTE DRIVE HOLLYWOOD FL 33021 US</b>	Mailing Address <b>3990 SHERIDAN STREET STE 209 HOLLYWOOD FL 33021-3656 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>01/22/1990</b>	3a. Date of Last Report <b>05/21/1996</b>
4. FEI Number <b>65-0233800</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SCHWARTZ, JOSEPH L.  
4040 SHERIDAN ST.  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent  
81 Name **STEVEN B. BERMAN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3990 SHERIDAN STREET SUITE 209**  
83  
84 City **HOLLYWOOD** FL 85 Zip Code **33021**

11. Pursuant to the provisions of Sections 617.050 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **APRIL 3, 1997**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BERMAN, HOWARD, B</b>	
STREET ADDRESS	<b>3801 NE 207 ST #801</b>	
CITY-ST-ZIP	<b>AVENTURA FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>ACKERMAN, MARCOS</b>	
STREET ADDRESS	<b>20281 E COUNTRY CLUB DR</b>	
CITY-ST-ZIP	<b>N MIAMI BEACH FL</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEIL, MICHAEL, J</b>	
STREET ADDRESS	<b>3541 N 31 TERR</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERMAN, STEVEN B</b>	
STREET ADDRESS	<b>3410 EMERALD POINTE DR 304</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VD</b>
4.3 STREET ADDRESS	<b>3990 SHERIDAN STREET #209</b>
4.4 CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **HB Berman** DATE **4/3/97**

CR2E037 (9/96)